

# Welcome!!

## Community Partnership Meeting

August 31, 2011

Hampton Inn, Coeur d'Alene

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Maternal, Infant and Early Childhood Home Visiting Program



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

# Today's Agenda

- Maternal, Infant and Early Childhood Home Visiting Program
  - Overview of home visiting and the MIECHV program
  - Review of MIECHV program requirements
  - Introduction of the Cross-State Partnership
- Nurse-Family Partnership
  - Introduction of the Nurse-Family Partnership model
  - Overview of Nurse-Family Partnership requirements
- Spokane Regional Health District
  - Implementing Nurse-Family Partnership
  - Overview of experiences in implementation of Nurse-Family Partnership
- Discussion and Question and Answer



# Audience Poll



- Know a parent
- Are a parent
- Know a child
- Know everything about parenting
- Know everything about health
- Know everything about social & emotional development



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# Overview of home visiting and MIECHV

# Home Visiting

# What is it?



# Historical Perspective: Home Visiting

Colonial  
America

- **Outdoor Relief**
  - Provided to poor in homes, adapted with British influence

1800's

- **District Visitors & Institutional Care**
  - Florence Nightingale trains nurses, shift to orphanages

1900 –  
1960's

- **Depression, Social Security & Modern Home Visiting begins**
  - Programs for maternal, child health and services to “crippled” children
  - Child development research began, part of “War on Poverty,” focus on parent-child relationship

1960 -  
1990's

- **Head Start Act, Child Abuse Prevention and Treatment Act, Individual's with Disabilities Education Act**
  - In 1965, HS Act created preschools for low income children, then Early Head Start in early 1990's
  - Prevention of abuse and neglect and IDEA services often delivered in home (natural setting)

2000's

- **Project LAUNCH, Children's Bureau Evidence-Based Home Visiting, Maternal, Infant and Early Childhood Home Visiting Program, among others**
  - Increase focus on early childhood experiences, social-emotional development, and trauma
  - Multiple grant opportunities for States to develop high-quality home visiting programs within a continuum of care



# Home Visiting



- Primary service delivery strategy
- Offered on voluntary basis to pregnant women or families with children from birth to kindergarten entry
- Embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant & early childhood health, safety, development and strong parent-child relationships





# Home Visiting



Home visiting has been viewed as an effective strategy to:

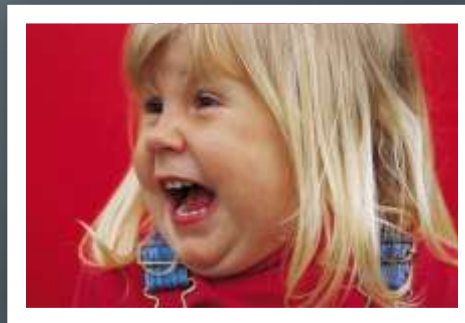
- 1) overcome barriers to preventive health care;
- 2) promote learning readiness; and
- 3) to prevent child abuse and neglect.

These programs generally involve regular in-home visits:

- To pregnant women and mothers of young children
- From several months to several years by paraprofessional or professional
- Focused on family centered goals that may include enhanced:
  - parenting skills, better
  - maternal and child health,
  - achievement of maternal education and employment goals,
  - postponement of subsequent births, and
  - child development

# Overview of Federal Program

- Federal program was established in 2010 to provide funds for “Evidence-Based Home Visiting Programs.”
- Every state had opportunity to apply for grant funds.
- Funding awarded to applicants upon successful completion of:
  - Initial Grant Application,
  - Home Visiting Needs Assessment, and
  - State Plan for the Home Visiting Program.



# Maternal, Infant and Early Childhood Home Visiting Program Purpose:

## *Designed to:*

- Improve coordination of services for at-risk communities
- Identify & provide comprehensive services to improve outcomes for families who reside in at-risk communities
- Strengthen & improve programs and activities carried out under Title V – Maternal & Child Health
- Integrate into the comprehensive early childhood systems initiatives and continuum of early childhood services



# Grant Funds

- Funds awarded for FY10 available for expenditure thru September 2012 to support:

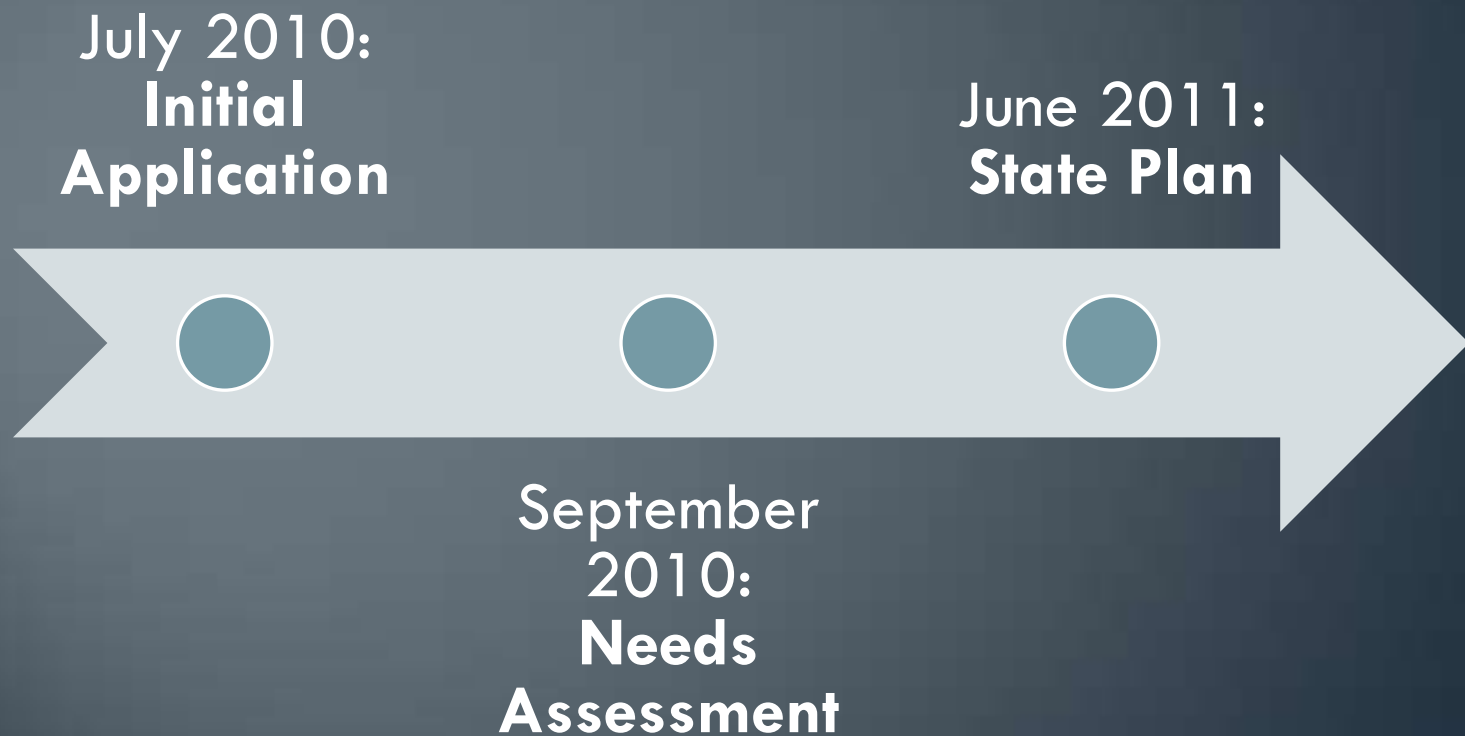
- statewide needs assessment,
- program planning,
- state plan,
- initial implementation,
- assessment activities,
- community engagement activities

- Funds for FY11 (expected) for expenditure September 2011 - September 2012 to support:

- program implementation,
- program evaluation,
- systems building activities:
  - data collection
  - training/professional development
  - outreach and public awareness

| Funding Year | Amount (Base) | Project Period    |
|--------------|---------------|-------------------|
| FY 10        | \$784,503     | July 10 – Sept 12 |
| FY 11        | \$1,000,000   | Sept 11 – Sept 12 |
| FY 12        | \$1,000,000   | Sept 12 – Sept 13 |
| FY 13        | \$1,000,000   | Sept 13 – Sept 14 |
| FY 14        | \$1,000,000   | Sept 14 – Sept 15 |

# Application Process



# MIECHV program requirements

# Program Priority Populations

- Low Income
- Pregnant women < 21 years
- History of involvement with child welfare or child abuse and neglect
- History of substance abuse need or treatment
- Use of tobacco products in the home
- Have other children with low student achievement
- Have children with developmental delays or disabilities
- Family members serving in armed forces



# Target Communities – Years 1 & 2

- Kootenai
- Shoshone
- Twin Falls
- Jerome





# Evidence-Based Home Visiting Model Selection

## Selected for Idaho Year 1 and 2

- Early Head Start - Home-Based Option
- Nurse Family Partnership
  - (Kootenai & Shoshone Only)
- Parents as Teachers

## Not Selected for Idaho

- Home Instruction Program for Preschool Youngsters (HIPPY)
- Family Check Up
- Healthy Families America
- Healthy Steps
- Public Health Nursing Early Intervention Program For Adolescent Mothers





# Goals & Objectives

- **Goal 1:** Support community-based organizations to implement evidence-based home visiting programs in communities at-risk.
- **Goal 2:** Identify or develop a cross-model data system to facilitate collection, maintenance and reporting of performance and outcome indicators for the MIECHV program.
- **Goal 3:** By September 2012, improve access to maternal health services for women receiving home visiting services.
- **Goal 4:** By September 2012, increase training opportunities and assessments for home safety and injury prevention for home visitors employed by home visiting programs.
- **Goal 5:** By September 2012, increase home visiting workforce capacity through training of home visitors and supervisors to prepare for scale up of evidence-based home visiting.
- **Goal 6:** By September 2011, assure MIECHV program participation in early childhood systems building efforts through the EC3 Early Childhood Home Visiting Ad Hoc Committee.

# Plan to Meet Benchmarks

- **Must collect data on:**
  - **all benchmark areas and all constructs**
  - **eligible families enrolled in program who receive services with MIECHV program funds**
  - **Individual-level demographics & service-utilization**
- **State must demonstrate improvements in:**
  - **at least 4 benchmark areas by end of 3 years**
  - **at least ½ of constructs under each benchmark area (>30 total constructs)**

|  |   |
|--|---|
| Maternal Health & Newborn Health                 | Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Department Visits |
| Improvements in School Readiness and Achievement | Crime or Domestic Violence*   |
| Family Economic Self-Sufficiency                 | Coordination and Referrals for Other Community Resources and Supports                             |

# Benchmarks Plan

- Maternal, Infant and Newborn Health
  - Prenatal Care
  - Preconception Care
  - Parental Use of Tobacco
  - Inter-birth Intervals
  - Post-Partum Depression
  - Breastfeeding
  - Well-Child Visits
  - Maternal Insurance Status
  - Child Insurance Status



# Benchmarks Plan

- Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction and Emergency Department Visits
  - Child visits to the Emergency Department
  - Maternal visits to the Emergency Department
  - Injury prevention education
  - Child injuries requiring medical treatment
  - Reported suspected maltreatment for children in program
  - Reported substantiated maltreatment for children in program
  - First time victims of maltreatment for children in program



# Benchmarks Plan



- School Readiness and Achievement
  - Parental support for child's learning and development
  - Parental knowledge of child development
  - Parenting behaviors
  - Parent-Child relationships
  - Parental Stress or parental emotional well-being
  - Child communication, language and emergent literacy
  - Child cognitive skills
  - Child's positive approaches to learning
  - Child's social behavior, emotional regulation and emotional well-being
  - Child's physical health and development

# Benchmarks Plan

- Domestic Violence
  - Domestic Violence Screening
  - Referrals made for families identified with Domestic Violence
  - Completion of safety plan for families identified with Domestic Violence



# Benchmarks Plan

- Family Economic Self-Sufficiency
  - Household income
  - Household benefits
  - Employment of adults in household
  - Education of adults in household
  - Health insurance status



"My nurse taught me so much," Whited said. "She helped me realize all the things it takes to be a good mother, and she worked with Androo's father, too. She helped motivate me to go back to school, to get a job. I even learned how to eat right to have a healthy baby." – ***Nurses, families create partnerships in valley in the Las Vegas Review Journal, August 14, 2011.***



# Benchmarks Plan

- Coordination and Referrals for Other Community Resources and Supports
  - Number of families identified for necessary services
  - Number of families receiving referral for necessary services
  - Number of memoranda of understanding within community services agencies
  - Point of contact in agency responsible for connecting with other community-based organizations
  - Number of completed referrals





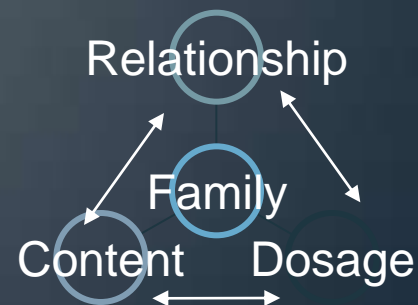
# Achieving Outcomes

## HmV Infrastructure Elements

- Planning
- Operations
- Workforce Development
- Funding
- Collaboration
- Communication
- Community & Political Support
- Evaluation

## Aspects of HmV Programs Necessary to Achieve Outcomes

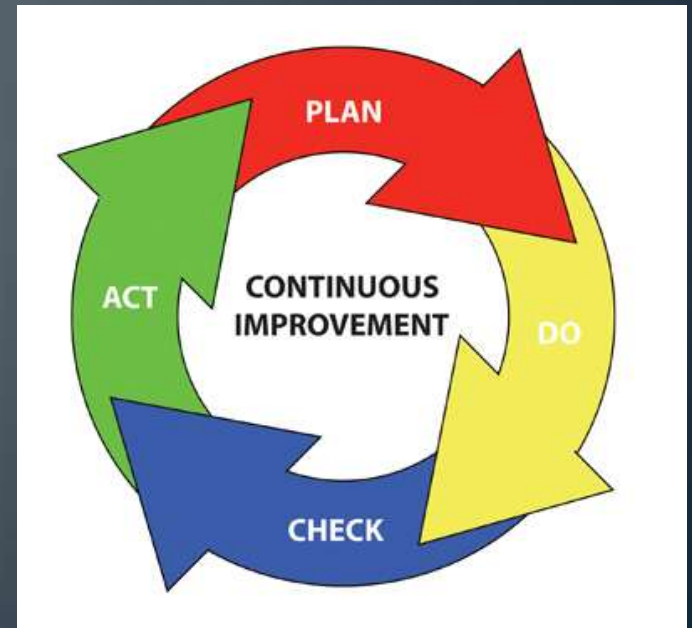
- Dosage
- Content
- Relationships
  - Family → Home Visitor
  - Supervisor → Home Visitor



*Zero to Three Journal* (2010) **Home Visiting: Past, Present, and Future** July, 30:6, 70 pgs.

# Other Program Requirements

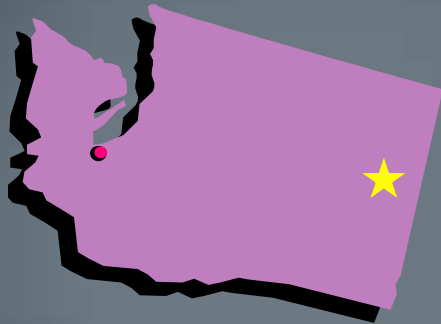
- Clinical and Reflective Supervision
- Continuous Quality Improvement
- Community Partnerships
- Model Fidelity
- Participation in Evaluation Activities
  - Program, Model, State, or National



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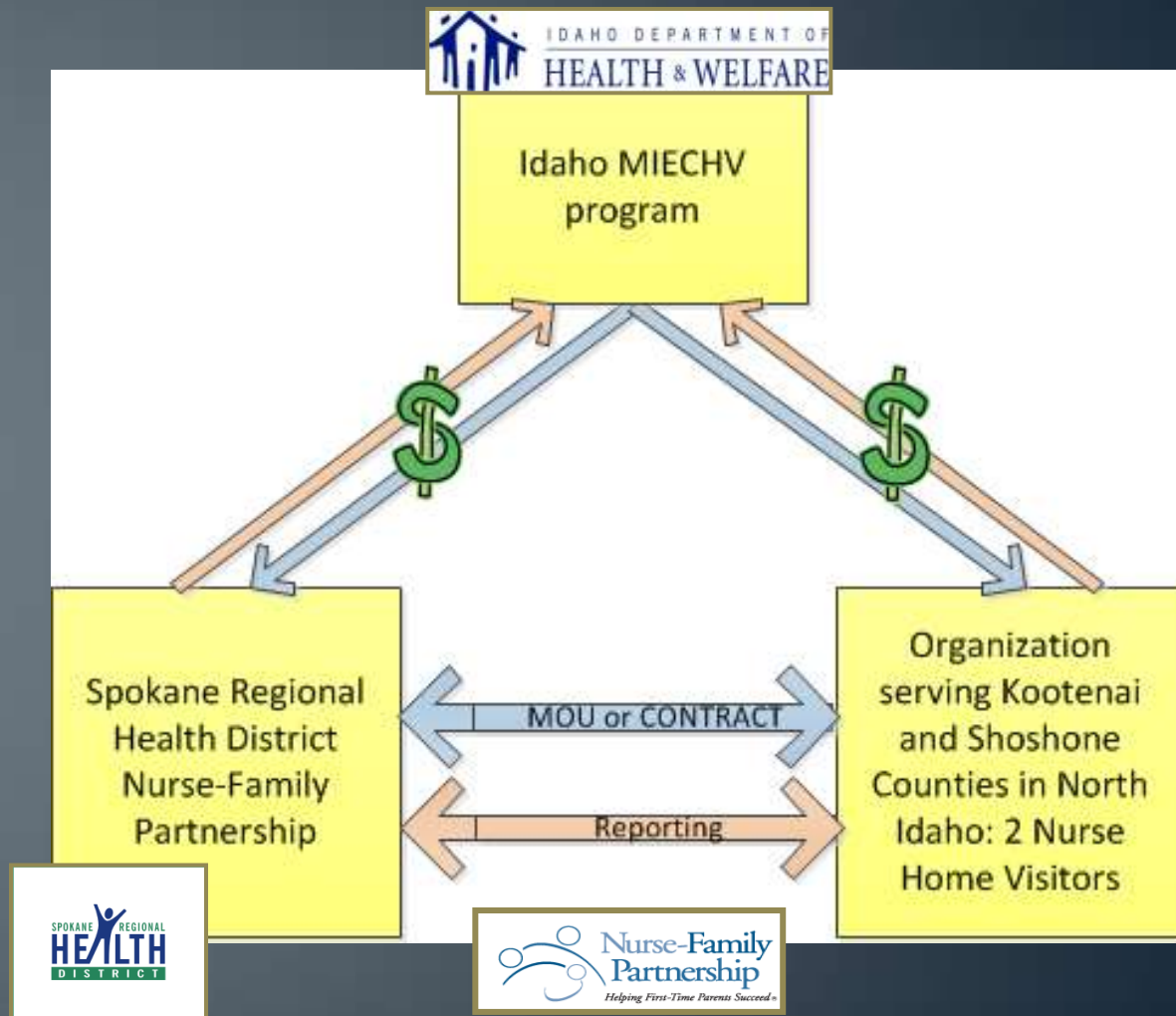
# Cross-State Partnership

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# Cross-State Partnership

Putting the  
pieces  
together

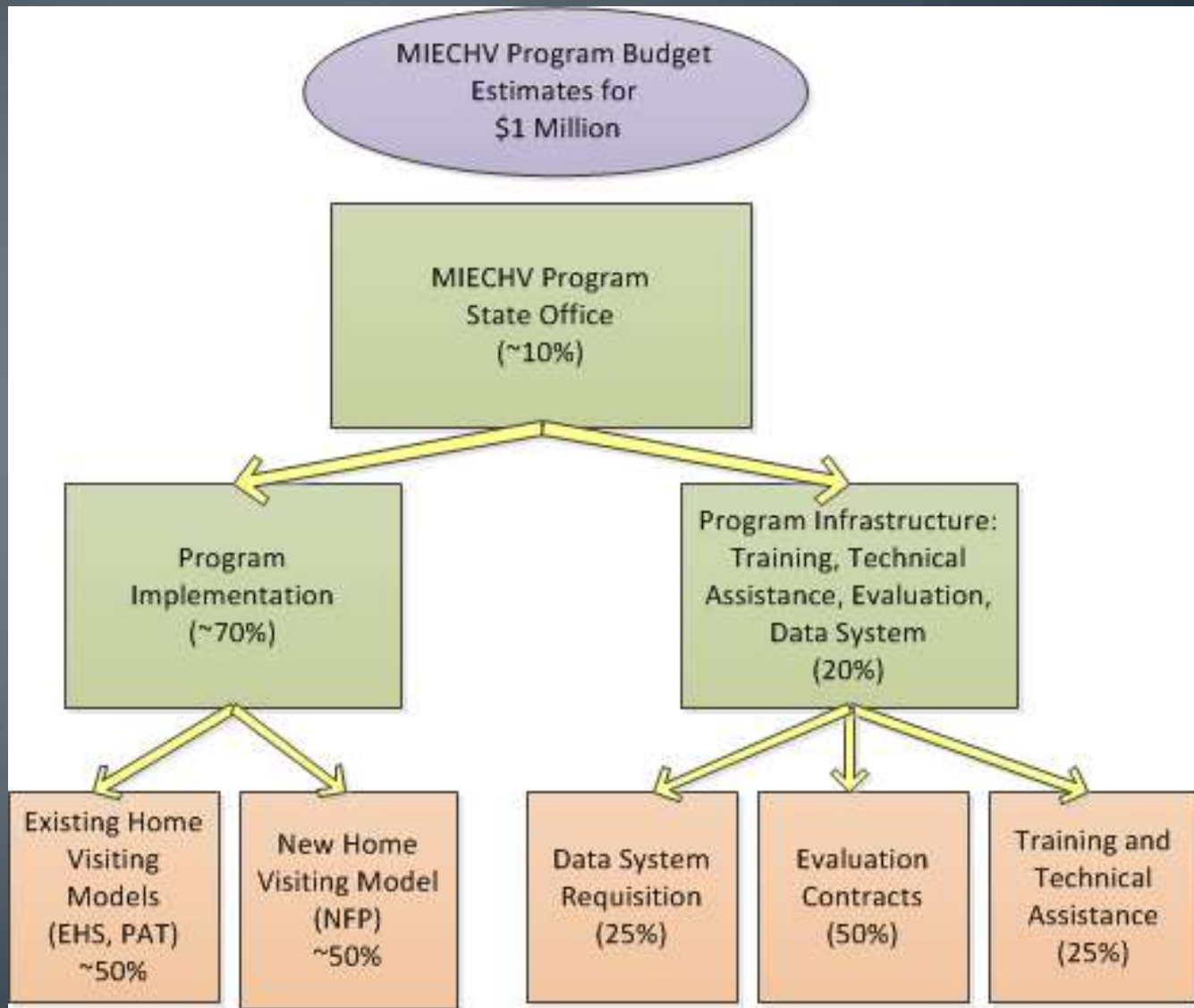


## Contracting Considerations

- Ability to formally partner with SRHD to implement NFP
- Commitment and shared responsibility for program goals and outcomes
- Capacity to co-hire and co-supervise nurse home visitors with SRHD
- Partnerships with community organizations and leaders



# Where does it fit?







# Questions? Discussion?

Thank you!!

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